

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/595778

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/					51					
2			/		/			52					
3			/		/			53					
4			/		/			54					
5			/		/			55					
6			/		/			56					
7			/		/			57					
8	1		/		/			58					
9			/		/			59					
10			/		/			60					
11			/		/			61					
12		80	/		/			62					
13			/		/			63					
14								64					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			3										
TOTAL DEP.			10										
TOTAL CLAIMS			13										